

EXHIBIT Q

FROM :



January 21, 2003

RE: Arthur Jackson

Attn: John L. Rollins

Dear Mr. Rollins,

I am writing you again in respect to my patient Arthur Jackson III. I've included copies of the previous letter that I wrote you and also some other office documents that you may or may not already have in your possession. I will briefly summarize my work with him and then address your questions in the order that you have asked them.

Specifically, I first met Mr. Jackson in August 1998 when his internist Delores Ede referred him to me. I initially treated him for depression, anxiety and other psychological symptoms from the chronic pain that he was experiencing. In addition, he has a history of binge alcohol abuse. At first he had periods of sobriety with infrequent binges and then largely long periods of sobriety with very infrequent binges. My understanding is that he had a history of liver disease probably related to his alcohol use and chronic pain. In spite of this he had a good response to the medication that I used to treat him for his anxiety and depression. He was always punctual had a very clear sensorium and no cognitive problems whatsoever. He never appeared intoxicated in my office. He was very articulate, intelligent and spontaneous in regards to his interactions with me.

After the closed head injury that occurred in prison there is a significant change in regards to Mr. Jackson's personality, cognition, and speech. There is no question in my mind whatsoever that this change was due to the closed head injury sustained in prison. In addition, since there has been a period now of several years since the injury occurred and the large majority of these symptoms have persisted without significant improvement, it is my belief that they are now chronic and permanent.

Specific symptoms include decreased attention, problems with memory, stammering speech with a mild expressive aphasia and most worrisome, difficulty attending to and completing tasks. This has a very significant effect on his ability to monitor his own blood sugar and give himself injections of insulin. He also has described some mild ataxia and some emotional lability.

PHONE NO. : 16102374695

Jan. 29 2003 21:58PM F4

In part due to the fact that he lives with a woman who helps him, he has been largely compliant with his medication since this incident occurred. It is my belief that he has been completely sober in regards to alcohol over the past several years. Please know that a neurologist colleague of mine Doctor Dan Gzesh has seen Mr. Jackson and he is also followed by an internist Doctor Celsus Ebba. I am aware of 1 alcohol binge that has occurred since the closed head injury that lead to a hospitalization at Mercy Fitzgerald Hospital in May 2001. He had come in delirious due both to the use of alcohol on his now significant brain injury and also inattention to his blood sugar.

His current medications are Klonopin .5 mg bid and 2 mg HS, Ffexor XR 150 qid and Trazadone 300 mg at HS. I last saw him on 1-10-03

Now in regards to your questions: 1) What is the present diagnosis of Mr. Jackson's injuries? In regards to his injuries my diagnosis would be post-concussive syndrome due to a closed head injury. Another appropriate diagnosis would be dementia due to closed head injury. Status post subdural hematoma and subarachnoid hemorrhage. 2) Do you agree that the injuries (subdural hematoma with subarachnoid hemorrhage) for which you have been treating him since May were caused by the deprivation of convulsant prescribed medication (e.g., Klonopin, etc.) while he was incarcerated in Delaware County Prison? I am unsure as to what from his medical hospitalization I believe at Crozer-Chester Medical Center, immediately following the event and Mr. Jackson recollection, it appears to me that he had a seizure and the seizure lead to the closed head injury. It is my understanding that Mr. Jackson was not given his psychiatric medications or his insulin. Given that Mr. Jackson was not intoxicated at the time nor was he drinking on a regular it is my belief that the seizure was more than likely due to abrupt cessation of the Klonopin and lack of insulin. I do remember faxing Mr. Jackson's psychiatric medication records to the nurse or physician in the prison so they would have had an updated record of the medications that I was prescribing for him. Please note that would not have included the insulin. 3) What is the prognosis with respect to the injuries and complaints of Mr. Jackson? As stated previously, it is my belief that his injuries are now fixed and chronic. His prognosis for further recovery is quite poor. 4) With respect to such prognosis do you anticipate the need for further medical or surgical treatment? If so please indicate the nature, extent and approximate cost of such future treatment to the best of your knowledge at this time. I am not able to specifically answer this question as it is written, however it is reasonable to assume that Mr. Jackson will need some type of supervision be it informal such as that provided by his common-law wife or formal such as that provided by a nurses' aide to help him dose his insulin, measure his blood sugar and make sure he's taking his medication correctly. In addition, he will need regular visits with a psychologist and a neurologist. 5) Have you placed any limitations on work or leisure activities of Mr. Jackson? If so, what are these limitations? I have not specifically addressed these issues with Mr. Jackson in the time that I've been working with him. Although, it appears to me that given the nature of his disability when superimposed on his diabetes, chronic pain and pre-existent depression and anxiety that he would

more than likely meet the criteria for chronic and permanent disability as per the federal government in regards to Social Security Disability. 6) Do you anticipate that any of Mr. Jackson's injuries may be permanent, if so please indicate which injuries may be permanent? As stated previously, I believe that the cognitive deficits that are unquestionably the result of the closed head injury, are at this point permanent and chronic. 7) Do you believe that Mr. Jackson is capable of self-sufficient living/living alone, if not please elaborate? As stated previously, Mr. Jackson has not shown himself to be able in a sustained manner to monitor his own blood sugars and administer his own insulin dosing. This could be life threatening acutely if he does not have somebody helping him. It is my understanding that his common-law wife is currently helping him with this. If there were a point in time, which she was no longer willing or able to do this, he would probably require some kind of home nursing. 8) Do you believe that Mr. Jackson has sustained any permanent impairment to the usefulness of his brain with respect to memory loss (or other parts of his body injuries due to the May 28, 2000 accident); if so please indicate the nature, extent of such permanent impairment and as a consequence with respect to Mr. Jackson's healthcare requirements and activities of daily living? I stated previously I believe that Mr. Jackson who when I first met him in spite of his depression, anxiety, chronic pain and intermittent alcohol use was intelligent, articulate and animated. There has been a marked change in his personality since the accident. He has been largely reclusive to his home and has been markedly dependent on his common-law wife. Activities that Mr. Jackson had been involved in when I first met him in spite of his chronic pain and depression, which included artistic endeavors and use of the computer and the Internet have largely been abandoned by him since the injury occurred. 9) Please address any other concerns you deem relevant to Mr. Jackson's injury sustained on May 28, 2000. I feel I have adequately addressed my concerns via your previous questions. If other information or records are necessary please contact me and I'll provide them to the best of my ability.

Sincerely,



Lee D. Silverman, M.D.
Board Certified Psychiatrist
Mercy Psychiatry Associates
1503 Lansdowne Avenue
Suite 3005
Darby, PA 19023
(610) 237-4122

LDS/jh

EXHIBIT R



February 2, 2004

RE: Arthur Jackson

Attn: John L. Rollins

Dear Mr. Rollins:

At your request, I reviewed the records of Arthur Jackson III regarding the injury which he suffered at Delaware County Prison on 05/28/00. On that date, Mr. Jackson fell and injured his head while he was in the process of being discharged from the Prison. I reviewed depositions of Prison medical personnel, security personnel, and administrative staff. You also supplied me with the exhibits to these depositions, incident reports, Prison security and medical policies, and medical records for Arthur Jackson. I am incorporating my report to Mr. Rollins of 01/21/03. I note that I have been providing psychiatric treatment to Arthur Jackson for several years, and specifically I treated him for quite sometime prior to the incident, shortly after the incident, and for the years following the incident.

Arthur Jackson, age 51, was an inmate in Delaware County Prison doing 15 consecutive weekends for driving under the influence of alcohol. Mr. Jackson was housed in a separate DUI building with no medical staff stationed in that building. He fell on the concrete floor at the Prison and severely injured his head as result of being deprived by the Prison of necessary medication. Review of their records, clearly indicates that on prior weekends they were aware of

closed head injury. The seizure was caused by the failure of the Prison to give this man his psychiatric medications and/or his insulin.

You asked me to address the following questions:

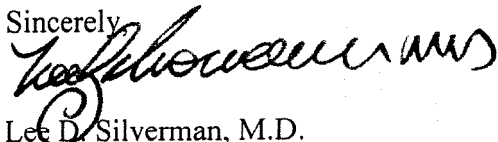
1. Did the defendant in this case exhibit a policy of deliberate indifference to the serious medical and psychological needs of plaintiff, Arthur Jackson? My opinion is affirmative. Deposition testimony of a nurse involved in administering medication to Mr. Jackson and other inmates in the DUI program characterized Prison policy as a "nightmare." Prison personnel were unfamiliar with the implementation of Prison policies dealing with the administration of prescription medication to weekend inmates. Medication was lost and not returned to inmates on their departure. Record keeping as to medications was grossly inadequate, and there is no record that Mr. Jackson received any of his medications on the weekend that he was injured. The Prison failed to follow its own policies and to train staff about the prescription policy for weekend inmates.

2. Did Arthur Jackson suffer serious and permanent injury as a result of his fall at the Delaware County Prison? I addressed this issue in my report of 01/21/03. I concluded that Mr. Jackson suffered a post-concussive syndrome due to the trauma suffered in his fall at the Prison. I further concluded that his injuries are serious, fixed and chronic. I stated that his prognosis for recovery is quite poor. My review of further records supports this conclusion. Please also recall that I had treated him for quite sometime prior to the incident, and saw him shortly after the incident, and for years following the incident. Therefore, I have direct first hand experience and knowledge of Mr. Jackson prior to the event, acutely after the event, and chronically after the event.

3. Was the deliberate indifference of defendants a substantial factor in causing this injury to plaintiff Jackson? Again, my opinion is affirmative. I sent Mr. Jackson's psychiatric medication records to the nurse or physician at the Prison. This is documented at least once in their records and I clearly recalled several other occasions when I was compelled to refax information and/or speak to people on the phone. In addition, I clearly remember times when Mr. Jackson or his common-law wife called my office telling me that the Prison had not returned his medications to him, and I had to either phone the prescription or supply samples to replace that which was not returned to him. Despite that, Arthur Jackson was not given his proper medication. Deposition testimony indicated that the nurse assigned to the weekend inmates did not have access to their medical records. In my opinion, Mr. Jackson suffered a seizure which could have been avoided if the Prison had implemented its own policies on medication for weekend inmates and trained its staff in these policies. This was a systemic problem throughout the Prison system, which the Prison knew about, but failed to correct. Prison personnel testified that they were unfamiliar with the Prison's written policy for weekender prescription medications, and that they had received no training in this area.

All opinions, which I have expressed in this report and in the report incorporated herein, are true to a reasonable degree of medical and psychiatric certainty.

Sincerely,



Lee D. Silverman, M.D.
Board Certified Psychiatrist
Mercy Psychiatry Associates
1503 Lansdowne Avenue
Suite 3005
Darby, PA 19023
(610) 237-4122

EXHIBIT S

CROZER-KEYSTON HEALTH SYSTEM

NEW RESULTS REPORT

Crozer Chester Med Ctr
One Medical Center Blvd.
Upland PA 19013-3995
Harvey Spector, MD, Medical Director

Patient Name:
JACKSON, ARTHUR

Date-of-Birth: 01/06/1953
Admit Date: 05/28/2000
Account # I000079329546

Age: 47Y

Sex: M Patient ID: 900238091
Patient Location: 1WST 1214-1
Discharge date: 06/03/2000

Results to: **GABROY MD, ASSOCIATES**
CROZER ACP SUITE 231
ONE MEDICAL CENTER BLVD
UPLAND PA 19013-3995

Results to: **GABROY MD, ASSOCIATES**
CROZER ACP SUITE 231
ONE MEDICAL CENTER BLVD
UPLAND PA 19013-3995

BLOOD CULTURES

06/01/2000
19:50

STATUS: PRELIMINARY
SOURCE: BLOOD

LAST RELEASE: 06/03/2000 06:46
SPEC #: 153.1614

TEST: BLOOD CULTURE

CULTURE REPORT: NO GROWTH IN 48 HOURS

BLOOD CULTURES

06/01/2000
17:25

STATUS: PRELIMINARY
SOURCE: BLOOD

LAST RELEASE: 06/03/2000 06:46
SPEC #: 153.1613

TEST: BLOOD CULTURE

CULTURE REPORT: NO GROWTH IN 48 HOURS

ROUTINE BACTERIOLOGY

06/01/2000
22:00

STATUS: PRELIMINARY
SOURCE: URINE-CLN CATCH

LAST RELEASE: 06/03/2000 06:53
SPEC #: 153.1968

TEST: URINE CULTURE

CULTURE REPORT: NO GROWTH
REINCUBATE FOR ADDITIONAL 24 HOURS.

CROZER-KEYSTON HEALTH SYSTEM

DISCHARGE REPORT

Crozer Chester Med Ctr
One Medical Center Blvd.
Upland PA 19013-3995
Harvey Spector, MD, Medical Director

Patient Name:
JACKSON, ARTHUR

Date-of-Birth: 01/06/1953
Admit Date: 05/28/2000
Account # 1000079329546

Age: 47Y

Sex: M Patient ID: 900238091
Patient Location: 1WST 1214-1
Discharge date: 06/03/2000

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CBC

TEST:	WBC	RBC	HGB	HCT	MCV	MCH	MCHC	RDW	PLT	MPV	
EXPECTED RANGE:	4.8-10.8	4.70-6.10	14.0-18.0	42-52	80-94	27-31	33-37	11.4-14.7	145-400	7.4-10.4	
UNITS:	TH/UL	MIL/UL	G/DL	%	FL	UUG	%	%	TH/UL	CUU	
05/31/00-06:52	6.6	5.01	16.2	47.2	94.1H	32.3H	34.3	14.7	209	7.8	**
05/30/00-05:20	6.6	4.80	15.5	45.6	94.9H	32.3H	34.0	15.1H	229	8.0	**
05/29/00-05:15	6.6	5.07	16.1	48.0	94.6H	31.9H	33.7	15.7H	254	7.9	**
05/28/00-19:33	3.9L	5.15	16.2	48.7	94.6H	31.5H	33.2	15.1H	223	8.3	**

AUTOMATED DIFFERENTIAL

TEST:	LYMPH%	MONO%	GRAN%	EOS%	BASO%	
EXPECTED RANGE:	24.0-44.0	2.0-8.0	40.0-75.0	1.0-3.0	0.0-1.0	
UNITS:	%	%	%	%	%	
05/28/00-19:33	22.9L	12.9H	62.7	1.1	0.4	**

COAGULATION

REFER TO PT NORMAL AND APTT NORMAL FOR METHOD SPECIFIC RANGES
NORMAL RANGE BASED ON ADULT POPULATION

TEST:	PROTIME	PT NORMAL	INR	APTT	APTT NORMAL
UNITS:	SEC	SEC		SEC	SEC
05/28/00-19:33	12.5	10.2-12.6	1.1	21.0	19.0-34.0

CHEMISTRY

TEST:	SODIUM	POTASSIUM	CHLORIDE	CO2	GLUCOSE	BUN	CREATININE	
EXPECTED RANGE:	135-146	3.8-5.0	96-106	24-32	70-115	10-20	0.7-1.3	
UNITS:	MMOL/L	MMOL/L	MMOL/L	MMOL/L	MG/DL	MG/DL	MG/DL	
05/31/00-06:52	126L	3.8	90L	23L	197H	11	0.7	**
05/30/00-05:20	131L	3.5L	94L	26	213H	8L	0.7	**
05/29/00-05:15	132L	4.1	93L	23L	282H	9L		**
05/28/00-19:33	126L	5.1H	87L	20L	461H	8L	1.0	**

COMMENTS:

=1=: RESULT VERIFIED
GLUCOSE CALLED TO ER/CATHY CURLEY AT 2120 5/28/00
LMS

CROZER-KEYSTON HEALTH SYSTEM

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CHEMISTRY

TEST:	CA	PHOS	URIC	MAG	TP	ALB	GLOBULIN	A/G
EXPECTED RANGE:	8.5-10.5	2.7-4.5	3.4-7.0	1.6-2.6	6.5-8.0	3.8-5.1	2.4-3.3	
UNITS:	MG/DL	MG/DL	MG/DL	MG/DL	G/DL	G/DL	G/DL	
05/30/00-05:20	8.4L	2.8		1.7				

**

CHEMISTRY

TEST:	TBIL	DBIL	SGOT	SGPT	GGT	LDH	AMYLASE	LIPASE
EXPECTED RANGE:	0.0-1.0	0.0-0.3	8-37	8-37	11-51	118-273	28-100	16-63
UNITS:	MG/DL	MG/DL	U/L	U/L	U/L	U/L	U/L	U/L
05/28/00-19:33							65	

CHEMISTRY

TEST:	LACTIC ACID	OSMOLALITY	ACETONE	CRYOGLOBULIN
EXPECTED RANGE:	0.5-1.9	280-305	NEG	NEGATIVE
UNITS:	MMOL/L	MOSM/KG	MG/DL	
05/28/00-19:33		294		

THERAPEUTIC DRUG MONITORING
ANTI-CONVULSANTS
ND = NONE DETECTED

TEST:	PHENYTOIN	DOSE	DOSE	PHENOBARB	DOSE	DOSE
EXPECTED RANGE:	10-20	DATE	TIME	15.0-40.0	DATE	TIME
UNITS:	UG/ML			UG/ML		
06/02/00-06:55	9.4L	06/02/00	0600			
05/31/00-06:52	7.4L	5/31/00	0600			
05/30/00-05:20	6.0L	5-29-00	2200			
05/29/00-05:15	7.0L	5/28/00	2200			

RAPID DRUG SCREEN, URINE
SCREENING RESULTS ARE FOR CLINICAL USE ONLY
ND = NONE DETECTED

TEST:	AMPH/METH	BARB	BENZO	THC	COC METAB	OPIATE	PCP
EXPECTED RANGE:	ND	ND	ND	ND	ND	ND	ND
05/28/00-19:28	ND	ND	ND	ND	ND	ND	ND

Patient Name: JACKSON, ARTHUR
Printed: 06/04/2000 03:48AM

DISCHARGE REPORT
Page 2

CHEM

CROZER-KEYSTON HEALTH SYSTEM

DISCHARGE REPORT

Crozer Chester Med Ctr
One Medical Center Blvd.
Upland PA 19013-3995
Harvey Spector, MD, Medical Director

Patient Name:
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SERUM DRUG SCREEN

TEST:	ACETAMINOPHEN	ETHYL ALCOHOL	SALICYLATE	TRICYCLICS
EXPECTED RANGE:	SEE NOTE	SEE NOTE	SEE NOTE	
UNITS:	MG/L	MG/DL	MG/DL	NG/DL
05/28/00-19:33		NOT DETECTED =1=		

COMMENTS:

=1=: ETHYL ALCOHOL (ETHANOL):
100 MG/DL IS LEGAL EVIDENCE OF INTOXICATION
(STATE OF PA)

URINALYSIS

TEST:	COLOR	CLARITY	PH	SG	GLU	RED SUB
EXPECTED RANGE:			5.0- 9.0	1.001- 1.035	NEG	NEG
UNITS:					MG/DL	MG/DL
06/01/00-22:00	AMBER	CLEAR	6.0	1.025	50@	**
05/28/00-19:28	YELLOW	CLEAR	6.0	1.015	1000@	**

URINALYSIS (CONT)

TEST:	KET	BIL	URO	NIT	PROT	BLD	LEU	MICRO
EXPECTED RANGE:	NEG	NEG	0.0-1.0 MG/DL	NEG	NEG MG/DL	NEG	NEG	
UNITS:	MG/DL							
06/01/00-22:00	5@	1+@	NORMAL	NEG	30@	NEG	NEG	YES **
05/28/00-19:28	5@	NEG	NORMAL	NEG	NEG	NEG	NEG	NO **

URINALYSIS MICROSCOPIC

TEST:	WBC	RBC	EPITH	BACT	CASTS
EXPECTED RANGE:	0-2	0-2			
UNITS:	/HPF	/HPF	/LPF	/HPF	/LPF
06/01/00-22:00	0-2	0-1	1+SQM =1=	1+	

COMMENTS:

=1=: 1+ ROUND/RENAL

CROZER-KEYSTON HEALTH SYSTEM

DISCHARGE REPORT

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BLOOD CULTURES

06/01/2000
 19:50

STATUS: PRELIMINARY
 SOURCE: BLOOD

LAST RELEASE: 06/03/2000 06:46
 SPEC #: 153.1614

TEST: BLOOD CULTURE

CULTURE REPORT: NO GROWTH IN 48 HOURS

BLOOD CULTURES

06/01/2000
 17:25

STATUS: PRELIMINARY
 SOURCE: BLOOD

LAST RELEASE: 06/03/2000 06:46
 SPEC #: 153.1613

TEST: BLOOD CULTURE

CULTURE REPORT: NO GROWTH IN 48 HOURS

ROUTINE BACTERIOLOGY

06/01/2000
 22:00

STATUS: PRELIMINARY
 SOURCE: URINE-CLN CATCH

LAST RELEASE: 06/03/2000 06:53
 SPEC #: 153.1968

TEST: URINE CULTURE

CULTURE REPORT: NO GROWTH
 REINCUBATE FOR ADDITIONAL 24 HOURS.

ROUTINE BLOOD BANK

EST:

ABO/RH

AB SCREEN

AUTO INTERP DAT/POLY

DAT/IGG

DAT/C3

05/28/00-19:20

O POS

NEG

NEG

Patient Name: **JACKSON, ARTHUR**
 Printed: 06/04/2000 03:48AM
 BBANK MICRO

DISCHARGE REPORT
 Page 4

CROZER-KEYSTON HEALTH SYSTEM

DISCHARGE REPORT

Crozer Chester Med Ctr
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ONE MEDICAL CENTER BLVD
UPLAND PA 19013-3995

COMPATIBILITY STUDIES

TEST:	UNIT#	UNIT TYPE	INTERP	RETYPE
05/28/00-19:20				O POS

Patient Name: JACKSON, ARTHUR
Printed: 06/04/2000 03:48AM
BBANK

DISCHARGE REPORT
Page 5

CROZER KEYSTONE

HEALTH SYSTEM

☒ CROZER ☐ DCMH ☐ TAYLOR
☐ SPRINGFIELD ☐ COMMUNITY

CONSULTATION REQUEST

Date 5/28/00 Time _____ AM/PM

Name of Consultant Dr. Hirsch-Chitale - Stanley

Contact to Consultant:

Date 5/28/00 Time _____ AM/PM

Name Surg. Resident called in

Reason for Consultation: consult

Trauma / Fall / CHE

TCU
79329546

ERH495

JACKSON, ARTHUR

900-23-8091 BH

G-L-S-E-C. CRP

MEDICARE A 203428537D

HEI
052800
47 010653

308 GREENWOOD ROAD PA 1907
SHARON HILL 610-532-466

Attending Physician Requests: (Check All That Apply)

☐ Routine Consultation ☐ Stat Cons
☐ Consultation and ☐ Consultation
☐ Management of specific entity or procedure
☐ Joint Management
☐ Transfer to your service
(Requires discussion with attending)

Requesting Physician Signature

Date 5/28/00 Time 10:15 PM Medical Record Reviewed ☐ Yes Patient Examined ☐

Consult called by Resident at 8:45 PM. (Houlihan
Discussed with him about case in detail on phone
Pt seen in ICU at 10:15 PM.

Exam Awake alert oriented x3
C/O Headache @ Ear bleeding
follows commands speech clear
moves all 4 Ext.

Pt says he was waiting for bus outside house
and passed out. He is known diabetic on insulin
Had seizure & Also apparently had another seizure
in ER.

CT Head - Possible basal skull fx

@ frontal SAH.

@ occipital SDH small / NO mass effect.

NO surgical Rx needed Agree needs Discharge
Also get EEG & Neurology eval.

Booking #: 001232 Name: JACKSON ARTHUR
 Address: 308 GREENWOOD RD
 Sex: M Race: B Religion: Unknown
 SHARON HI PA 19079 SSN: 203-42-8537
 County: DE
 Hair: BLK Eyes: BRN Height: 5 ft 9 in Weight: 241 lbs
 DOB: 1/6/53 POB: PA Marital Status: Married
 County: DE Number of Dependents: 4
 Drivers Lic Num: SUSPENDED
 Date Booked: 02/26/2000 Date of Arrival: 02/25/2000
 Received From: SELF COMMIT
 County: DE Admission Type: Sentenced by a Court of Rec
 Comments:

ext of Kin

Name: JACKSON, CAMILLA Address: 308 GREENWOOD RD
 City: SHARON HILL, State: PA Zip: 19079 Phone: 610-532-4669 Relation: Wife

Detainers/Charge

OTN #	Docket #	Bail Amt/Conditions	Sentence	Yrs.	Mos.	Dys.	Eff Date:
71489412	4702-99	\$0.00 LST 6-4-0	Start: 2/25/00	0	0	0	2/25/00
Charge: 3731 DRIVING UNDER THE INFLU			CC/CS/WE: WE	Min: 0	0	30	Min Date: 3/26/00
Disposition: WEEKENDERS			Max: 0	23	0		Max Date: 1/25/02
Judge: TOAL, JR, WILLIAM of MEDIA COURT HOUSE			Good Time:				Good Time Date:
Comments:							

JACKSON ARTHUR
001232

ISSUED: 04/14/2000



EXHIBIT T

Neurology Associates, Ltd.
1514 Wolf Street
Philadelphia, Pa. 19145
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July 25, 2000

Lee Silverman, M.D.
1500 Lansdowne Avenue
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RE: ARTHUR JACKSON, III

Dear Lee:

I had the pleasure of seeing Mr. Jackson in follow up. I had seen him several years ago, when he was hospitalized. As you know, there is a history of epidural spinal cord compression with paraparesis.

I reviewed records from Crozer-Chester where he presented in May with a serious head injury. According to witnesses, he had simply dropped over, and there was no convulsion at the scene. He suffered a subdural hematoma, with subarachnoid hemorrhage as well, and was treated for a number of days conservatively. He was ultimately discharged on Dilantin, although elected not to take it.

An electroencephalogram, performed at that time, was within normal limits.

He has had no recurrent seizures, and states that he is no longer using alcohol.

He is concerned about a number of current problems. These include memory loss, speech dysfunction, headache, dysequilibrium, and depression. He has been treated with a number of medications, as you know, but has remained quite distraught.

On examination today he is tearful, with an inappropriately exuberant affect. There is quite a wide range of emotional lability, with very brief intervals between them. He became tearful on multiple occasions.

His gait is quite tentative. His reflexes are symmetrically hypoactive.

We had a long discussion concerning the advisability of anti-convulsant therapy. I recommended repeating his electroencephalogram, but have to concur, at this time, that there is no evidence of an epileptic disorder.

Lee Silverman, M.D.

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July 25, 2000

RE: ARTHUR JACKSON, III

He notes that he had suddenly stopped his clonazepam several days prior to his fall, which had occurred while he was in prison. He inquired whether this may have been responsible, and I stated that it is a possibility.

He will continue his other medications, as prescribed by you, including Clonazepam, 5 mg. daily, Effexor, 600 mg. daily, Trazodone, 200 mg. q HS, and the insulin as prescribed.

I would like to see him again after the electroencephalogram.

Thank you for allowing me to share in his care.

Sincerely yours,



Dan J. Gzesh, M.D.

DJG:bb

cc: Celsus Ebba, M.D.
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